



JPW

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1050.00

## Complete if Known

Application Number	10/523,442
Filing Date	1/31/05
First Named Inventor	Maxim Borisovich Belotserkovsky
Examiner Name	Candal Elpenord
Art Unit	2616
Attorney Docket No.	PU020354

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None ☐ Other (please identify): \_\_\_\_\_

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Small Entity  
Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Multiple dependent claims

Fee (\$)

#### Total Claims

#### Extra Claims

#### Fee (\$)

#### Fee Paid (\$)

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

#### Multiple Dependent Claims

#### Fee (\$)

#### Fee Paid (\$)

#### Independent Claims

#### Extra Claims

#### Fee (\$)

#### Fee Paid (\$)

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

#### Total Sheets

#### Extra Sheets

#### Number of each additional 50 or fraction thereof

#### Fee (\$)

#### Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Three-Month Extension

#### Fees Paid (\$)

\$1050.00

Other (e.g., late filing surcharge):

## SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-3727
Signature		Date	6/27/08		



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> for FY 2005		Application Number	10/523,442
		Filing Date	1/31/05
		First Named Inventor	Maxim Borisovich Belotserkovsky
		Examiner Name	Candal Elpenord
		Art Unit	2616
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PU020354
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	1050.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

Customer Number 24498

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

**Multiple Dependent Claims**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

**4. OTHER FEE(S)**

Three-Month Extension

**Fees Paid (\$)**

**\$1050.00**

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-3727
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